



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD  
BUREAU OF WEIGHTS AND MEASURES  
25 CAPITOL STREET  
PO BOX 2042  
CONCORD NH 03302-2042

**WEIGHMASTER EXAMINATION FORM**

**INSTRUCTIONS**

(Read carefully before filling out this form)

1. This form must be complete and accurate as to all information requested.
2. A **\$10.00** examination fee shall accompany this form.
3. You will be notified as to the date, time and place where the exam will be given.
4. A minimum score of 70% is required.
5. **PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY.**

Date: \_\_\_\_\_, 20\_\_

APPLICANTS NAME:

\_\_\_\_\_  
LAST FIRST MIDDLE

APPLICANTS RESIDENCE:

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

APPLICANTS PRESENT EMPLOYER:

\_\_\_\_\_

TELEPHONE:

(\_\_\_\_) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Check Number: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Exam Score: \_\_\_\_\_

PASS \_\_\_\_\_ FAIL \_\_\_\_\_